

# **DIVORCE MEDIATION**

## **INCOME SURVEY**

Date \_\_\_\_\_

Please complete the Income Survey to determine if your divorce mediation session qualifies to be paid in full or in part (up to 4 hours ) by the Administrative Office of the Courts. You must provide a copy of both the divorce petition and the answer when you submit this Survey to the Program Coordinator.  
(This is a 3 page form so please complete all 3 pages before submitting.)

Case Number \_\_\_\_\_ Judge/Commissioner \_\_\_\_\_  
City Petition was Filed \_\_\_\_\_ Date Petition was Answered \_\_\_\_\_

### **Petitioner**

### **Respondent**

Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Date of Birth /SSN	_____/_____	_____/_____
E-Mail Address	_____	_____
Phone Number(s)	_____	_____
Attorney	_____	_____
Atty Address	_____	_____
Atty Phone	_____	_____
Atty E-mail	_____	_____

(Please circle your answers)

Yes	No	<u>Is there a current Protective Order issued between the parties?</u>
Yes	No	<u>Is there a history/allegation of domestic violence?</u>
Yes	No	<u>Are there any special needs to consider before/during the mediation?</u>
If so, please describe _____		

## **SECTION 1.**

## **HOUSEHOLD INFORMATION**

List yourself and all people living with you regardless of age or relationship to you.  
If any person is over 18 years of age, list their monthly earnings (before taxes).

	<b><u>Name</u></b>	<b><u>Age</u></b>	<b><u>Relationship to You</u></b>	<b><u>Monthly Earnings (before taxes)</u></b>
1.	_____	_____	<b><u>SELF</u></b>	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Do you currently pay Child Support for any children? Yes No If Yes- How Much? \_\_\_\_\_

## **SECTION 2.**

## **FINANCIAL INFORMATION**

(Please circle your answer)

**A.    Yes    No    Are you currently employed?**

If currently employed please provide the following:  
(If not currently employed, list previous employer)

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Supervisor \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_

(Please circle your answer)

**B.    Yes    No    Do you receive Government Benefits?**

Please designate the total monthly amount you receive for everyone living in your household:

Family Employment Program \_\_\_\_\_

SSI \_\_\_\_\_

Food Stamps \_\_\_\_\_

WIC \_\_\_\_\_

General Assistance \_\_\_\_\_

Refugee Cash Assistance \_\_\_\_\_

(Please circle your answer)

**C.    Yes    No    Do you receive Other Sources of Income?**

Please designate the total monthly amount you receive for everyone living in your household:

Pension Income \_\_\_\_\_

Rental/Royalty Income \_\_\_\_\_

Unemployment Compensation \_\_\_\_\_

Disability Benefits \_\_\_\_\_

Alimony \_\_\_\_\_

Self-Employment \_\_\_\_\_

Farm Income \_\_\_\_\_

Child Support \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Workman's Compensation \_\_\_\_\_

G.I. Bill \_\_\_\_\_

Trust Income \_\_\_\_\_

Loan Income \_\_\_\_\_

Stocks/Bonds \_\_\_\_\_

Inheritance \_\_\_\_\_

Savings Bonds \_\_\_\_\_

Job Corp Payments \_\_\_\_\_

Railroad Retirement \_\_\_\_\_

Americorp \_\_\_\_\_

Sales Contract Payments \_\_\_\_\_

Tribal Benefits \_\_\_\_\_

### **SECTION 3.**            **STATEMENT OF VERIFICATION**

*This must be completed and signed before the mediation session to have the fee reduced or waived.*

**Incomplete or late surveys will not be accepted.**

*I verify under the penalties of perjury that the figures given above are true and correct, and that if any of these figures change, I will inform the Divorce Mediation Program immediately.*

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Signature

Date

Please do not select a mediator or schedule a mediation until this form is processed.  
A mediator will be selected and the mediation session will be scheduled with you  
once you are notified of your qualification status.

### **SECTION 4.**            **DEMOGRAPHIC SURVEY INFORMATION**

(Participation in the demographic survey is entirely voluntary and will be used for reporting purposes only.)

Race (Please check only one)

- |  |   |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Caucasian                        | <input type="radio"/> African American                          |
| <input type="radio"/> Asian / Asian American           | <input type="radio"/> Other / Don't Know                        |

Hispanic

### **SECTION 5**            **WHERE TO SEND THE SURVEY**

**(Please remember to include a copy of the divorce petition and the answer)**  
**(Incomplete Surveys will not be processed)**

**Please print out the Income Survey and sign it before returning it to:**

Natalie Threlkeld  
Domestic Mediation Program Coordinator  
Administrative Office of the Courts  
450 South State  
P.O. Box 140241  
Salt Lake City, Utah 84114-0241

Phone: (801) 578-3976  
FAX (801) 578-3843  
Pager (801) 242-5895  
Helpline 1-800-620-6318  
E-mail: [nataliet@email.utcourts.gov](mailto:nataliet@email.utcourts.gov)  
Website:  
[www.utcourts.gov/mediation/divmed/](http://www.utcourts.gov/mediation/divmed/)